

P.O. Box MP 843, Mt Pleasant
Block A, Emerald Park
30 The Chase, Harare
Tel: 333032 Fax 333041



EQUIPMENT TYPE APPROVAL APPLICATION FORM

Complete all sections of the Application Form. Also attach documents with Technical Specifications and any other test reports of the equipment.

1. Application Type

- New Application
- License Modification

Date:.....

Application No.....

License No.....

2. Client Information

Applicant Name :

Physical Address.....

Postal Address.....

Nature of Business.....

Telephone/Cell No..... Fax No.....

Technical Contact Person's Details

Name..... Telephone No.....

Mobile No..... Fax Number.....

E-mail Address.....

3. Equipment Type

- Radio Telephone Fax PABX Modem Other (Specify).....

4. Equipment Details

Make..... Model..... Serial No.....

Country of Origin..... Nomenclature (use).....

Manufacturer..... Mounting (handheld, vehicle, wall mounted or desktop).....

Supplier Name..... Tel No..... Fax No.....

Accessories List

| | | | |
|---|--|---|--|
| 1 | | 5 | |
| 2 | | 6 | |
| 3 | | 7 | |
| 4 | | 8 | |

Applicant's Title..... Name.....

FOR OFFICE USE ONLY

Received By..... Delivery Date..... Fee Class.....

Receipt Number..... Name of Type Approving Officer.....

Approval Status Passed Failed

Status Approved Rejected

Certificate Collection Date..... Collected By.....

Name of Issuing Officer.....

Comment(s).....
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